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Country programme recommendation**

Nigeria

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Nigeria for the period 2002 to 2007 in the amount of $123,706,000 from regular resources, subject to the availability of funds, and $72,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.15). The completed situation assessment and analysis was disseminated widely and discussed at a high-level review meeting in March 2001, substantially increasing awareness of the manifestations and underlying causes of the current situation of children and women. The concurrent completion of Nigeria's Common Country Assessment (CCA) ensured greater understanding of the relationship of the situation of children and women within United Nations system and national development plans and priorities, together with the adoption of relevant regional and global responsibilities.

2. Nigeria's rich endowment of human and material resources has remained essentially mortgaged to decades of past mismanagement, with a growing need to demonstrate a tangible democracy dividend in the short term. Although there are no comprehensive data since 1996 when Nigerians living below the poverty line reached a record 66 per cent, poverty remains the dominant influence on social welfare. However, deliberations leading to the completion of a Poverty Reduction Strategy Paper (PRSP) have been protracted, with only an interim PRSP scheduled for finalization during 2001.

Programme cooperation, 1997-2001

3. A UNICEF bridging programme for 1996 (E/ICEF/1995/P/L.28) brought the major United Nations programmes and funds in Nigeria into harmonized cycles. The CCA was completed in early 2001, while the United Nations Development Assistance Framework (UNDAF) is currently being compiled by an inter-agency programme coordinating group chaired by UNICEF. The 1997-2001 programme of cooperation (E/ICEF/1996/P/L.13/Add.1) was formulated to accelerate the pursuit of the goals for children established within Nigeria's National Programme of Action (NPA) for Children, promote institutionalization of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and support the ongoing United Nations reform process. While some progress was made, it was not as great as planned. Programme performance was critically reviewed at the mid-term review (MTR) held in September 1999, which resulted in a sharper focus of activities for the remainder of the programme and the consolidation of several component programmes/projects into a more intersectoral and manageable structure. Health and nutrition programmes, previously separate, were merged, and the planning programme was strengthened to incorporate elements to mainstream gender issues and urban basic services. Subnational field office capacity was enhanced to better respond to the marked disparities of programme needs evident within Nigeria.

4. The programme environment changed for the better with the advent of democratic governance in May 1999, and the subsequent engagement (or re-engagement) of development partners with the Government of Nigeria. Although this should have marked a turning point in development indicators for the future, which had been declining during the decade, there is scant evidence of improvement as yet, as confirmed by Nigeria's second multiple indicator cluster survey (MICS) and National Demographic and Health Survey, both conducted during 1999. The

MTR also demonstrated that, while progress had been achieved in those areas selected for inclusion in the programme of cooperation, national trends were negative.

5. Attention to malaria was increased by the African Summit on Roll-Back Malaria, held in Nigeria on 24-25 April 2000, and supported jointly by UNICEF, the World Health Organization and other partners. Insecticide-treated nets (ITNs) are now being promoted widely, in close coordination with the United Kingdom Department for International Development (DfID) and the United States Agency for International Development (USAID)/NetMark, using local production facilities (reducing costs by 40 per cent), and advocacy for waiving tariffs on component materials. Solid progress has been made towards polio eradication through Inter-Agency Coordinating Committee (ICC) deliberations and actions and extensive National Immunization Day (NID) campaigns (usually combined with vitamin A supplementation). More than 40 million children under five years old have been immunized against polio in successive NIDs throughout 1999 and 2000, and there has been a dramatic reduction in confirmed cases of acute flaccid paralysis (down to 27 in 2000). However, such progress and support need to be continued, additionally building up routine immunization levels rose from 20 per cent in 1997 to approximately 35 per cent coverage in 2000. Dracunculiasis eradication has not yet been achieved, although the number of reported cases has been nearly halved (from 13,000 to 7,500) during 2000/2001. Onchocerciasis control activities have continued to successfully support the regional control programme, with 27 million affected persons receiving ivermectin twice a year in nine States. Water supply activities have been focused on dracunculiasis-endemic communities. Universal salt iodization (USI) has been virtually achieved, at a level of 98 per cent. Exclusive breastfeeding and baby-friendliness have been promoted more widely, reaching more than 2,000 health facilities.

6. The presidential commitment to free and compulsory universal basic education (UBE), supported by complementary Education for All (EFA) efforts, has not yet been sufficiently translated into action. The quality of learning and increasing school access, retention and completion need more attention. While the gender gap is slowly decreasing, girl child education in the north remains a top priority for improvement. During 2001, UNICEF, together with other programme partners, is assisting the Government in implementing a child-friendly schools initiative, which is expected to establish model learning facilities in selected areas of need for subsequent wider replication. Water and environmental sanitation (WES) programme activities have strengthened cost-sharing and co-management principles, thus enhancing sustainability. However, the general level of access to sufficient quantities and quality of water and sanitation has remained at near 50 per cent of the population throughout the programme cycle. The provision of improved WES facilities at schools has been initiated as one element of the child-friendly schools initiative.

7. Programme communication packages have been developed and promoted to support other programme components and to seize advocacy opportunities afforded by the marking of special events such as the annual launch of *The State of the World's Children* report. Most other programme components have been implemented together with the National Planning Commission (NPC) and the Federal Ministry of Women's Affairs and Youth Development, as focal agencies within the Government, and non-governmental organizations (NGOs) in the field. National policies for

women and youth have been formulated, and legislation has been enacted in several of Nigeria's 36 States with respect to female genital mutilation (FGM) and child trafficking. An end-decade National Summit for Children was held as part of Nigeria's preparations for the 2001 United Nations General Assembly Special Session on Children. Collaboration with NGOs has increased since 1999, especially in areas associated with child protection and HIV/AIDS. UNICEF has provided concerted and strong support to address HIV/AIDS urgently and systematically through the Joint United Nations Programme on HIV/AIDS (UNAIDS) and with the Government, the World Bank and other partners. This has facilitated the development of an HIV Emergency Action Plan during 2000 and pilot testing of the prevention of mother-to-child transmission (MTCT) in six teaching hospitals. The increased mobilization of other resources for the country programme, together with private sector collaboration and funding (both more than doubling during 1999/2000), represent confirmation of increasing credibility and donor confidence in Nigeria. The NPC has successfully guided programme implementation through regular annual and mid-term reviews, as well as through interim Interministerial Committee meetings.

Lessons learned from past cooperation

8. The lessons learned remain essentially the same as described in the country note.

Recommended programme cooperation, 2002-2007

Regular resources: $123,706,000

Other resources: 72,000,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Survival and early childhood care	37 260	29 718	66 978
Integrated growth and development	20 720	17 640	38 360
Protection and participation	11 500	8 760	20 260
Planning and communication	17 540	4 880	22 420
Community development	22 739	9 761	32 500
Cross-sectoral costs	13 947	1 241	15 188
Total	**123 706**	**72 000**	**195 706**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

9. For the most part, the many programme partners brought together for the MTR have been involved in both country programme development with UNICEF and the CCA with the United Nations system. New partners have been included as the

programme has evolved. A comprehensive situation assessment and analysis of children and women (the assessment of women has been complemented by a concurrent review organized by the United Nations Development Fund for Women) was compiled throughout 2000, focusing on children's and women's rights. The development, presentation and discussion of a strategy paper in late 2000 helped to crystallize emerging deliberations into the country note presented to the Executive Board. All Executive Board member comments, together with the Concluding Observations of the Committee on the Rights of the Child and the recommendations of the end-decade review report prepared for the Special Session on Children, have been considered in preparing the country programme.

10. UNICEF contributed substantially to the development of the CCA during 2000, which included the establishment and deliberations of eight priority thematic groups, covering: population; human rights; governance; the economy, poverty alleviation and agriculture; the environment; social services; drug control and crime prevention; and HIV/AIDS. Relative United Nations agency mandates and country-level advantages determined the respective roles in the completion of the CCA. Inter-agency programme harmonization is being extended and strengthened by implementing a six-year programme, during which a joint MTR will be organized and other joint programming opportunities seized. Also during 2000/2001, UNICEF contributed to the development of an interim PRSP and, in donor coordination groups, helped to bring the development programming processes of the Bretton Woods institutions into closer association with the CCA and UNDAF.

Country programme goal and objectives

11. Taking into consideration national priorities and the principles inherent in advancing the Global Movement for Children, the country programme goal is to promote and protect the rights of Nigerian children and women, enhancing the capacity of the Government and civil society to ensure that Nigerian children have the best possible prospects for survival, growth, development, protection and participation. The primary objectives are to contribute towards: (a) reducing the infant mortality rate (IMR), under-five mortality rate (U5MR) and maternal mortality ratio (MMR) by at least 10 per cent; (b) reducing geographical, sectoral and gender disparities in selected programme areas by at least 15 per cent; (c) the timely achievement of goals that have regional and/or global implications (polio and dracunculiasis eradication, HIV/AIDS prevention, malaria and onchocerciasis control, micronutrient deficiency control, basic education, access to safe water and sanitation, child protection and prevention of abuse); (d) implementing lessons learned from monitoring and reporting on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, including the increased participation of young people and the development of focused communication materials; (e) ensuring preparedness for and rapid response to any localized emergencies that may arise; and (f) promoting programme management excellence through enhanced efficiency and effectiveness, especially integrated research, monitoring and evaluation.

12. The country programme comprises six interrelated programmes. The first three correspond to the three outcome areas of promoting "A world fit for children", reflecting both a life cycle and a rights-based approach — beginning with survival and early childhood care (ECC), then growth and development (largely for 6- to 12-

year-old children), followed by protection and participation (largely for adolescents from 13 to 18 years of age). The fourth programme provides planning and communication support for all other programmes; the fifth focuses on community development to enhance implementation of the subnational components of all other programmes; and the last programme provides the necessary cross-sectoral support. HIV/AIDS activities are included in all programmes, building on the commitments made at the Summit of Heads of State and Government of the Organization of African Unity on HIV/AIDS, Tuberculosis and related Infections, held on 24-27 April 2001, in Abuja, Nigeria. Key components of the country programme will be national in scope (e.g., immunization/polio eradication), and there will be a geographic focus in at least 100 of Nigeria's 774 Local Government Areas (LGAs) — each with an average population of 170,000. The selection of LGAs will support disparity reduction.

13. The survival and ECC programme will contribute to: (a) reducing IMR, U5MR and MMR in the 100 selected LGAs by 20 per cent; (b) ensuring certified polio eradication and increasing routine immunization to 80 per cent; (c) promoting the sustainable elimination of vitamin A deficiency disorder rates and reduction by one third of iron deficiency anaemia levels among 0- to 5-year-old children in the selected LGAs; (d) minimizing MTCT of HIV/AIDS by preventing infection during pregnancy and providing effective treatment and care, including the use of anti-retroviral drugs; and (e) improving the learning performance of at least 30 per cent of pre-school-age children in the selected LGAs.

14. The integrated growth and development programme will, in at least the 100 selected LGAs, contribute to: (a) improving net primary school enrolment and retention rates, especially for girls, by 20 per cent; (b) enhancing educational attainment, as measured by the standard minimum learning achievement, by 25 per cent; (c) reducing malnutrition and micronutrient deficiency disorder rates among 6- to 12-year-old children by 20 per cent; (d) promoting a set of criteria for "child-friendliness" in at least 600 schools and their catchment areas; (e) promoting HIV/AIDS protective behaviour through child-friendly schools; and (f) improving access to safe water and sanitation facilities by at least 20 per cent. A major objective will also be to support national dracunculiasis eradication by 2005.

15. The protection and participation programme will contribute to: (a) establishing adequate policy and rights legislation to ensure full domestication of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and early ratification of any additional protocols and related conventions and treaties, including the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Production; (b) promoting special protection services relating to child exploitation and abuse, including child trafficking, FGM, child labour and sexual exploitation; (c) promoting greater participation of young people and women in the promotion and implementation of the two Conventions; and (d) reducing HIV infection among youth by at least 20 per cent through an aggressive nationwide awareness campaign.

16. The planning and communication programme will contribute to: (a) promoting greater awareness of the situation of Nigerian children, especially by establishing and updating a comprehensive national database; (b) building institutional capacity for planning and communication; (c) promoting relevant (to prevailing programme needs) changes in behaviour at individual, household and community levels,

including the development of focused communication packages; and (d) increasing awareness of children's and women's rights through broad-based partnerships and maximum resource allocation in support of the Global Movement for Children.

17. The community development programme will, in at least 100 LGAs, contribute to: (a) promoting the participatory development of at least two holistic, intersectoral community development models in each LGA; (b) reducing disparities by strengthening local capacity to plan, implement and monitor country programme and other interventions for children and women; and (c) enhancing programme sustainability through the creation of equitable cost-sharing mechanisms.

Relation to national and international priorities

18. The goals and objectives of the country programme take into account both the millennium targets of the United Nations General Assembly and Nigeria's national priorities for children and women, especially the UNICEF medium-term strategic plan and policies related to girls' education, integrated early childhood development, "immunization plus", child protection from exploitation and abuse, and HIV/AIDS. WES support in rural areas has been included as a priority, both in terms of its perceived need, which has made it a successful entry point for other community-based interventions, and its critical role in dracunculiasis eradication. While the country programme may only contribute a part of the response needed to these priorities, it has been designed to potentially achieve a catalytic effect among all stakeholders, including the leveraging of additional resources. The National Summit for Children, held in 2000 and involving substantial youth participation, critically analysed national performance and determined unmet needs against the NPA developed for the 1990s, which featured prominently in the country programme development process. Ongoing deliberations on the passage of a Nigerian children's bill, at both federal and State levels (applying the Convention on the Rights of the Child nationally), have guided programme development. National sectoral policies, notably in the health, education and WES sectors, and with the contribution of UNICEF, have been taken into consideration.

19. UNICEF involvement in the CCA/UNDAF and interim PRSP deliberations ensured that the country programme is consistent with and contributes to both international priorities and Nigeria's development needs, especially in poverty alleviation. UNICEF has a strong comparative advantage within the United Nations system of promoting priorities at the subnational (State and LGA) levels through a network of four field offices and country office based in Abuja and Lagos. In particular, this enables UNICEF to quickly assess, develop and coordinate responses to local emergencies according to core corporate commitments.

Programme strategy

20. The programme strategy remains essentially the same as described in the country note, but has been developed in more detail, as described below.

21. **Survival and ECC**. Four component projects will support the enhanced survival of infants, children under five years of age and mothers, together with ECC up to the age of five years. Maternal, infant and under-five mortality reduction will be achieved through the promotion of safe motherhood practices, improved

antenatal and essential obstetric care, and the establishment of community-based mechanisms for early recognition and referral of at-risk pregnancies. Malaria control will be achieved through the local production and marketing of ITNs, and pre-packaged anti-malarial drugs for household management. Health care behaviour and practices will be improved for more effective growth monitoring and promotion, common disease prevention, good hygiene and early care-seeking when needed. Primary health care policy and systems will be strengthened, according to the principles of the Integrated Management of Childhood Illness and Bamako Initiatives. Immunization services will be enhanced, both by NID campaign activities and strengthened routine immunization, to achieve polio eradication by 2003 and certification by 2005, and to increase fully immunized coverage to 80 per cent of children under one year of age by 2007. This will be supported by the Global Alliance for Vaccines and Immunization. HIV/AIDS prevention and care will be pursued through the prevention of MTCT via voluntary testing and counselling, selected anti-retroviral treatment and advice on infant feeding. Education and care will be provided, in collaboration with local NGOs, for HIV-infected children and orphans. Early childhood nutrition and care will be improved through micronutrient deficiency control — vitamin A supplementation, fortification and diversification, continued monitoring of USI, multi-micronutrient fortification of key foodstuffs, and reduction of iron deficiency anaemia. Optimal infant-feeding and care practices will be promoted, extending baby-friendly principles to the household and complementing an improved quality of care at health facilities. Practices that stimulate optimal cognitive and psychosocial development will be promoted, ensuring a greater readiness for learning.

22. **Integrated growth and development**. This programme will address the development needs and rights of young children from 6 to 12 years of age, principally through intersectoral interventions centred on education/learning. The programme will comprise two projects. Enhanced learning and girls' education will be promoted, with at least 100 child-friendly schools developed each year and educational support provided for out-of-school children. Child-friendliness will be determined by criteria which, once met, will generate enhanced recognition for schools and communities, and lead to early replication in other areas. Among other things, child-friendly schools will possess improved WES facilities, a stimulating classroom environment, adequately trained and motivated teaching staff, and gender parity among teachers as well as pupils; and promote child rights through local clubs/associations. Linkage with a planned World Food Programme-supported school nutrition programme and other food security interventions will enhance this project. Policy development will be promoted, building on the Dakar Platform for Action jointly with the United Nations Educational, Scientific and Cultural Organization, in support of UBE/EFA goals. Gender disparities will be reduced in northern Nigeria in favour of girls and in south-eastern Nigeria in favour of boys through advocacy, gender-sensitive curricula and separate sanitation facilities. Routine monitoring of minimum learning achievement will be promoted. HIV/AIDS education will be supported via curriculum development, the production of communication materials and monitoring of the impact of HIV/AIDS on teaching and learning achievement. Access to and the quality of WES facilities will be improved, in particular to ensure dracunculiasis eradication through protected water supplies, working in close collaboration with partners such as Global 2000. National WES policy and systems development will be supported, and equitable cost-sharing and management capacity-building will be promoted at State and LGA levels.

Management information systems will be built to enhance networking and more efficient planning among all WES partners. Water supplies will be improved in rural areas through the use of appropriate, low-cost technology, complementing the mutually agreed role of partners (e.g. the World Bank) in urban areas. Safe sanitation and hygiene practices will be promoted concurrently with improved water supply to maximize impact. Onchocerciasis control (ivermectin distribution and monitoring) will continue to be managed together with dracunculiasis eradication activities.

23. **Protection and participation**. Focusing on adolescents, the programme will encourage young people to express themselves and become more involved in decision-making processes that affect them. The programme will comprise two projects. The legislation and protection services project will establish and strengthen the required legal framework for the enhanced protection of children, supporting the protection of those in special need. In addition to advocacy for the passage of a children's bill, the Child Rights Information Bureau will be supported and child rights monitoring centres will be established at the State level. Child abuse, exploitation and trafficking will be monitored and addressed by education and advocacy through all available channels, especially the media. Education and collaboration with the International Labour Organization will help to minimize the worst forms of child labour. Periodic and timely reporting on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, together with responses to observations of the Committee on the Rights of the Child, will be supported. The adolescent health, youth participation and gender empowerment project will focus on HIV/AIDS activities involving youth, including people living with AIDS, and through peer advocacy, making health services youth-friendly and encouraging adolescents to seek more reproductive health advice. Collaboration with the United Nations International Drug Control Programme will help to minimize substance abuse among young people. Participation in child rights clubs and involvement in the Sara Communication Initiative will be encouraged. Advocacy against harmful traditional practices, such as early marriage, and to ensure that sufficient life skills are attained by girls will be pursued, together with focused support for non-formal education. Capacity-building in gender awareness, mainstreaming and empowerment will be undertaken to promote the greater involvement of women in decision-making at all levels.

24. **Planning and communication**. This programme will link the planning and communication elements of the country programme, using planning information as an advocacy tool to promote and protect children's and women's rights. The programme will comprise three projects. The first project will promote social statistics, policy analysis and development. Experience gained during NPA decentralization will be used to expand the capacity to plan for children's and women's development at State and LGA levels. A new NPA should be established by 2003 from such subnational inputs. Data and analysis will be used to prepare a publication on the progress of Nigerian children. Under the communication and alliance-building project, the development and dissemination of focused communication packages that respond to local programme priorities will be promoted. Existing alliances will be strengthened and new ones encouraged, including with traditional rulers, as Nigeria's contribution to the Global Movement for Children. The collection and dissemination of information, together with

strengthened media ties, will ensure quick responses to emerging protection issues. Activities of the emergency preparedness and response project will establish greater preparedness, especially at the State level, through the development of early warning systems. When necessary, activities in response to emergencies will be managed in tandem with sector-specific responses (e.g. health needs associated with an epidemic outbreak), both from within one of the other elements of the country programme and with other partners, including the United Nations Emergency Coordinating Group established in Nigeria.

25. **Community development**. Implemented in partnership with local NGOs and community-based organizations involved in community development within the 100 selected LGAs, this programme will reinforce implementation of subnational activities of the foregoing programmes by building the capacity of communities to plan, implement and monitor their own development activities. Appropriate entry points, strategies and actions to promote self-sustainability will be decided jointly with the communities in response to locally perceived needs for children and women. Parent-teacher associations will be expanded to include community leaders in support of the child-friendly schools initiative, birth and death registration will be promoted, and communities will be encouraged to become more involved in the provision of quality basic services and mobilization for special activities such as NIDs. Each of the four UNICEF field offices will manage a separate area-specific project, providing the necessary technical support.

26. **Cross-sectoral costs** are contained within a structure that enhances the autonomy of field office management, while avoiding duplication and retaining sufficient central influence. The costs associated with operating subnational offices are less than at the national level, and the proposed office structure optimizes such costs in relation to programme throughput, while at the same time bringing UNICEF staff and programme beneficiaries into closer contact and increasing the advocacy opportunities for UNICEF with State and LGA leaders. The programme will comprise five projects, one for each of the field offices and one for the country office headquarters, which will move progressively from Lagos to Abuja (although some functions, such as supply, will remain in Lagos until 2003, when UNICEF and other agencies will move to the United Nations House).

Monitoring and evaluation

27. Operational research will be featured in an integrated research, monitoring and evaluation plan, closely linked to programme needs around country programme priorities (e.g. HIV/AIDS awareness and youth practices, perceptions and use of ITNs), milestone events (e.g. the MTR), and in support of harmonized United Nations programming. Monitoring activities will be conducted jointly among UNICEF, NPC, and other government/United Nations/NGO and funding partners, as appropriate. These will be assessed at interim Interministerial Committee and annual review meetings. The latter will guide the development of annual project plans of action for the following year. Community-based monitoring will be promoted as much as possible, helping to build community capacity. Timely surveys and evaluations, both sector-wide and programme-specific (e.g. in support of the certification of polio and dracunculiasis eradication), will be supported. A third MICS will be conducted in 2004 prior to the joint MTR. UNICEF will continue to assist government partners in monitoring and reporting on the two Conventions.

Social statistics pocket books will be updated in 2002 and 2005, based on prevailing data, to support advocacy for children and women. UNICEF will help to produce a publication on the progress of Nigerian children, along the lines of *The Progress of Nations*, but disaggregating data by States/zones within Nigeria. The current situation assessment and analysis will be updated in 2003 and 2006, contributing to CCA/UNDAF updates, as well to the development of the new country programme.

Collaboration with partners

28. UNICEF will maintain and strengthen collaborative arrangements with the federal Government and State/LGA authorities, enhancing these through broader alliances involving other partners in the United Nations system, NGOs, civil society, bilateral funding partners and the private sector. The programme will build upon the successful experience gained in working with parliamentarians for enabling appropriate legislation, and through the ICC for polio eradication. UNICEF is already a leading agency within all four main United Nations inter-agency coordinating groups (for programme, operations, information and emergencies), and chairs the UNAIDS expanded theme group. UNICEF will continue to promote joint programming opportunities through UNDAF, and will further support PRSP and the sector investment programme/sector-wide approach processes through enhancing existing partnership mechanisms, in collaboration with the World Bank.

29. UNICEF will assist in updating the Nigerian NGO Directory, first produced in 1995, incorporating new and/or strengthened NGOs operating in areas associated with children's and women's development. NGO collaboration agreements will be drawn up between UNICEF and partner NGOs, wherever the latter may have a comparative advantage for local implementation. Other civil society organizations will be supported, particularly to attain the objectives of the community development programme.

30. Several programme funding partners have productively channelled contributions through UNICEF, taking advantage of the well-developed programme development and implementation structures and systems already in place within the Government/UNICEF programme of cooperation. USAID/United States Centers for Disease Control and Prevention, DfID (in particular, following up on lessons learned from a 2001 review of the WES sector), the Governments of Canada, Japan and Norway, the European Union and international organizations such as Rotary International and the United Nations Foundation either have been, or are likely to be, major contributors. Partnerships will expand in the 2002-2007 country programme, both in terms of funding levels and joint project development and monitoring. UNICEF will continue to support effective donor coordination mechanisms being promoted within the United Nations system.

31. There has been increasing private sector interest and support in working together with UNICEF for Nigerian children. Major partnerships have been established with the United Bank for Africa, Sheraton Hotels (Check-out for Children), British Airways (Change for Good) and DHL Worldwide Express®. The potential for collaboration with the Coca Cola Company in the area of HIV/AIDS and Exxon Mobil Corporation in the promotion of ITNs will be pursued. Product line marketing of greeting cards and related items has also yielded increasing returns

to support programme implementation, and has raised awareness on children's issues in the corporate and public sectors.

Programme management

32. Existing programme management mechanisms will be strengthened, with the NPC assuming a more prominent role. The more intersectoral nature of the new country programme necessitates such a role, which will be enhanced through regular meetings of the Interministerial Committee to monitor and guide implementation progress. The ongoing establishment of State-level corollaries of the NPC will assist subnational programme monitoring and coordination, as well as provide information to support management deliberations at the national level. Overall management efficiency will be improved following the inauguration of United Nations House in 2003. Ethics and enhanced accountability will continue to be promoted through orientation and capacity-building, and supported by the establishment of internal control systems, together with more systematic self-assessment, work process analysis and key partnerships, such as with the Office of the Auditor-General. The latest and most relevant, cost-effective information technology will be used in support of optimal management.

33. The programme budget will be funded largely from UNICEF regular resources, which will be used for the most critical elements of the country programme, including technical assistance and essential supply and cash requirements. Other resources will be mobilized from funding partners, at a realistic level, in line with recent experience. The Government will endeavour to match the supply and cash assistance provided by UNICEF through annual contributions in order to expand the scope of programme impact as widely as possible. These contributions will be determined in May/June each year in line with government planning/budget processes, ensuring the availability of government counterpart funding for the subsequent year's activities. Advocacy for the 20/20 Initiative will continue.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Nigeria	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	184	(2000)	Very High U5MR
Infant mortality rate	110	(2000)	Very High IMR
GNP per capita	$ 260	(1999)	Low Income
Total population	108.9 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	2289	3070	3872	4628
Infant deaths (under 1)	(thousands)	275	359	441	509
Under-five deaths	(thousands)	460	602	736	852
Under-five mortality rate (per 1,000 live births)		201	196	190	184
Infant mortality rate (under 1) (per 1,000 live births)		120	117	114	110

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1990/1999)	Moderate & severe	36	27*
	Severe	12	11*
Babies with low birth weight (%, 1990)		16	..
Primary school children reaching grade 5 (%, 1994)		80	..

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1990/1999)	2	20
Timely complementary feeding rate (6-9 mos.) (%, 1990)	52	..
Continued breast-feeding rate (20-23 mos.) (%, 1990/1999)	43	35
Prevalence of wasting (0-59 mos.) (%, 1990/1999)	9	12*
Prevalence of stunting (0-59 mos.) (%, 1990/1999)	43	46*
Vitamin A supplementation coverage (%)	..	..
Household consuming iodized salt (%, 1995/1998)	97	98

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1999)		..	32
Routine EPI vaccines financed by government (%, 1997)		..	100
Use of improved drinking water sources (% of population, 1990/2000)	Total	53	62
	Urban/rural	83/37	78/49
Use of improved sanitation facilities (% of population, 1990/2000)	Total	53	54
	Urban/rural	69/44	66/45
Births attended by trained personnel (%, 1990/1999)		31	42
Maternal mortality rate (per 100,000 live births)		..	..

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	23	28	80	42	54
	DPT	..	16	56	34	26
	Polio	..	16	55	31	25
	Measles	..	17	85	44	41
Pregnant women (%) immunized against:	Tetanus	5	7	41	22	48

*Aged 0-35 months

TABLE 1 (continued)

Nigeria

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1992/1996, 1990/1999)	Total	83/54	70/56
	Male	91/57	75/58
	Female	75/51	65/54
Secondary enrolment ratio (gross/net) (%, 1994)	Total	../..	30/..
	Male	../..	33/..
	Female	../..	38/..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	49	64
	Male/female	59/38	72/56
Radio/television sets (per 1,000 population, 1990/1997)		215/40	226/66

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000	
Total population	(thousands)		47980	64325	85953	110845	113862
Population aged 0-18 years	(thousands)		24610	33126	45276	57725	59108
Population aged 0-5 years	(thousands)		8750	11998	15837	19303	19683
Urban population (% of total)			20.7	27.4	35.4	42.5	43.1
Life expectancy at birth (years)	Total	43	47	50	52	52	
	Male		42	46	50	51	51
	Female		44	48	51	52	52
Total fertility rate			6.9	6.9	6.5	5.8	5.7
Crude birth rate (per 1,000 population)			48	48	45	41	41
Crude death rate (per 1,000 population)			22	18	15	14	14

		About 1990	Most recent
Contraceptive prevalence rate (%, 1990/1999)		6	7
Population annual growth rate (%, 1970-90/1990-99)	Total	2.8	2.5
	Urban	5.6	4.8

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-90/1990-99)		-3.0	0.2
Inflation rate (%, 1980-89/1990-98)		14	39
Population below $1 a day (%, 1990-99)		..	70
Household income share (%, 1993)	Top 20%/bottom 40%	../..	49/13
Government expenditure (% of total expenditure, 1987)	Health/education	1/3	../..
	Defense	3	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	3/4	../..
Official development assistance: (1990/1998)	$US millions	214	204
	As % of GNP	1	1
Debt service (% of goods and services exports, 1990/1997)		23	8

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1997-2001 a/

COUNTRY: NIGERIA
LATEST BOARD APPROVAL: 1996
REGULAR RESOURCES: $ 71,000,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health	3,498	26,103	1,099	156	1,843	182	7,807	2,464	14,247	17,369	28,905	54,050	43,152	71,419
Advocacy, programme communication	356	0	243	0	1,333	0	2,382	0	4,314	3,800	0	0	4,314	3,800
Planning, monitoring & evaluation	453	12	232	0	486	0	2,584	31	3,755	4,706	43	600	3,798	5,306
Programme support	1,292	91	132	0	7,833	0	3,275	271	12,532	14,175	362	228	12,894	14,403
Water and environmental sanitation	3,609	233	378	5	1,455	0	2,323	31	7,765	8,800	269	3,000	8,034	11,800
Nutrition	444	41	480	0	708	0	1,275	3	2,907	6,450	44	2,922	2,951	9,372
Education	1,524	120	1,023	2	1,026	0	4,536	29	8,109	13,300	151	3,600	8,260	16,900
Urban basic services/CEDC	147	46	151	39	154	0	573	152	1,025	2,400	237	600	1,262	3,000
GRAND TOTAL	11,323	26,646	3,738	202	14,838	182	24,755	2,981	54,654	71,000	30,011	65,000	84,665	136,000

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

NIGERIA
PROGRAMME CYCLE: 2002-2007

PLANNED YEARLY EXPENDITURE

DESCRIPTION	FUND	2002	2003	2004	2005	2006	2007	TOTAL
SURVIVAL & EARLY CHILDHOOD CARE	RR	5,646,000	5,817,000	6,313,000	6,578,000	6,529,000	6,377,000	37,260,000
	OR	3,563,000	4,213,000	5,183,000	5,933,000	6,163,000	4,663,000	29,718,000
	TOTAL	9,209,000	10,030,000	11,496,000	12,511,000	12,692,000	11,040,000	66,978,000
INTEGRATED GROWTH & DEVELOPMENT	RR	4,116,000	3,399,000	3,188,000	3,271,000	3,462,000	3,284,000	20,720,000
	OR	2,968,000	2,391,000	2,501,000	2,844,000	3,447,000	3,489,000	17,640,000
	TOTAL	7,084,000	5,790,000	5,689,000	6,115,000	6,909,000	6,773,000	38,360,000
PROTECTION & PARTICIPATION	RR	2,165,000	1,967,000	1,867,000	1,767,000	1,817,000	1,917,000	11,500,000
	OR	1,460,000	1,460,000	1,460,000	1,460,000	1,460,000	1,460,000	8,760,000
	TOTAL	3,625,000	3,427,000	3,327,000	3,227,000	3,277,000	3,377,000	20,260,000
PLANNING & COMMNICATION	RR	3,500,000	3,200,000	2,900,000	3,000,000	2,500,000	2,440,000	17,540,000
	OR	812,000	820,000	812,000	812,000	812,000	812,000	4,880,000
	TOTAL	4,312,000	4,020,000	3,712,000	3,812,000	3,312,000	3,252,000	22,420,000
COMMUNITY DEVELOPMENT	RR	3,427,449	3,955,684	3,939,919	3,532,576	3,807,277	4,076,095	22,739,000
	OR	1,492,085	1,908,805	1,836,805	1,743,805	1,410,805	1,368,805	9,761,110
	TOTAL	4,919,534	5,864,489	5,776,724	5,276,381	5,218,082	5,444,900	32,500,110
CROSS-SECTORAL COSTS	RR	1,721,551	2,287,316	2,418,081	2,477,424	2,510,723	2,531,905	13,947,000
	OR	204,915	207,195	207,195	207,195	207,195	207,195	1,240,890
	TOTAL	1,926,466	2,494,511	2,625,276	2,684,619	2,717,918	2,739,100	15,187,890
TOTAL PROGRAMME BUDGET	RR	20,576,000	20,626,000	20,626,000	20,626,000	20,626,000	20,626,000	123,706,000
	OR	10,500,000	11,000,000	12,000,000	13,000,000	13,500,000	12,000,000	72,000,000
	TOTAL	31,076,000	31,626,000	32,626,000	33,626,000	34,126,000	32,626,000	195,706,000
TOTAL SUPPORT BUDGET		2,146,042	2,284,405	2,250,704	2,280,435	2,394,617	2,407,002	13,763,205
TOTAL BUDGETS		33,222,042	33,910,405	34,876,704	35,906,435	36,520,617	35,033,002	209,469,205

TABLE 4

COUNTRY : NIGERIA
PROGRAMME : 2002-2007

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
SURVIVAL & EARLY CHILDHOOD CARE	37,260,000		37,260,000	0	0	1	0	0	0	1	7	5	13	1,243,296	1,953,145	3,196,441
INTEGRATED GROWTH & DEVELOPMENT	20,720,000		20,720,000	0	0	2	0	0	0	2	6	4	12	2,486,592	1,770,720	4,257,312
PROTECTION & PARTICIPATION	11,500,000		11,500,000	0	0	0	0	0	0	0	2	2	4	0	544,789	544,789
PLANNING & COMMUNICATION	17,540,000		17,540,000	0	0	0	2	0	0	2	3	6	11	2,169,772	1,147,093	3,316,865
COMMUNITY DEVELOPMENT	22,739,000		22,739,000	0	0	0	3	0	0	3	26	17	46	3,759,157	6,590,228	10,349,385
CROSS-SECTORAL COSTS	13,947,000		13,947,000	0	0	0	1	4	0	5	4	57	66	4,365,337	5,178,622	9,543,959
TOTAL RR	123,706,000		123,706,000	0	0	3	6	4	0	13	48	91	152	14,024,154	17,184,597	31,208,751
OTHER RESOURCES :																
SURVIVAL & EARLY CHILDHOOD CARE		29,718,000	29,718,000	0	0	1	1	0	0	2	1	0	3	2,328,182	233,608	2,561,790
INTEGRATED GROWTH & DEVELOPMENT		17,640,000	17,640,000	0	0	0	0	0	0	0	1	1	2	0	289,577	289,577
PROTECTION & PARTICIPATION		8,760,000	8,760,000	0	0	0	0	0	0	0	1	0	1	0	149,029	149,029
PLANNING & COMMUNICATION		4,880,000	4,880,000	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMUNITY DEVELOPMENT		9,761,110	9,761,110	0	0	0	0	0	0	0	2	3	5	0	528,356	528,356
CROSS-SECTORAL COSTS		1,240,890	1,240,890	0	0	0	0	0	0	0	0	5	5	0	235,890	235,890
TOTAL OR		72,000,000	72,000,000	0	0	1	1	0	0	2	5	9	16	2,328,182	1,436,460	3,764,642
TOTAL RR & OR	123,706,000	72,000,000	195,706,000	0	0	4	7	4	0	15	53	100	168	16,352,336	18,621,057	34,973,393
SUPPORT BUDGET	Operating costs		3,468,446													
	Staffing			1	0	3	0	1	0	5	5	29	39	6,303,817	3,990,942	10,294,759
GRAND TOTAL (RR + OR + SB)				1	0	7	7	5	0	20	58	129	207	22,656,153	22,611,999	45,268,152
Number of posts and staff costs:																
Current programme cycle										18	46	112	176			
At the end of proposed programme cycle (indicative only)										20	58	129	207	22,656,153	22,611,999	45,268,152

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.